

*Dr. Andrew*

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AN  
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ON THE  
THEORY AND CURE  
OF THE  
VENEREAL GONORRHOEA,

AND

The DISEASES which happen in Consequence  
of that DISORDER.

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BY JOHN ANDREE,  
SURGEON TO THE MAGDALEN HOSPITAL  
AND  
TEACHER OF ANATOMY.

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T O

MR. RICHARD GRINDALL,

SENIOR SURGEON to the LONDON HOSPITAL,  
and FELLOW of the ROYAL SOCIETY.

S I R,

As I had the Happiness of serving an Apprenticeship to you, and during all that Time was permitted to attend to your extensive Practice in private, and at the London Hospital, and having since then received repeated Tokens of Friendship from you; I beg Leave to offer the following Observations to your Protection, and to assure you that I am,

With the greatest Respect,

Your much obliged

And most obedient Servant,

Cary-Street,  
Jan. 1, 1777.

JOHN ANDREE.





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E S S A Y, &c.

**T**H E Gonorrhœa Virulenta seems, at present, to be one of the most common effects of the venereal virus. It is a Disease which, from the time whence we receive the first account of its appearance, has been acknowledged to be a most painful disorder in most cases, and one in which mercury does but little, if any, service. Some of the earliest writers on it, called it the first infection, supposing it to be the fore-  
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runner of every other venereal symptom; others called it (from the derivation of the word) a morbid discharge of semen; and some seem to imagine it to be a disease of the prostate gland. All these theories have been clearly refuted; they serve however to shew, that the practice of those who supported such opinions stood in need of being assisted by a knowledge of the Situation and Effects of the disease.

In the course of the following Essay, the term *Gonorrhœa* will be used to signify a morbid discharge of a coloured fluid from the Urethra in the male subject, accompanied in general with pain in voiding the urine, and in all cases caused by application of venereal matter to the penis.

The method in which the Disease is received in most instances, is by coition with a woman who is infected with some symptom of the venereal Disorder. But it sometimes happens, that an uninfected woman shall use coition with two men on the same day, that the latter man shall receive a *Gonorrhœa* from her, and that she herself shall remain uninfected. A clear instance of this came within  
my



my certain knowledge. It can only be accounted for by supposing, that the man, who had the connection with her first, had deposited some venereal matter or Gonorrhœal discharge in her vagina, part, or all of which, was taken away by the man who used coition with her afterwards, and he thus became infected. It is certain, that the application of venereal matter to the penis, will not always cause a venereal complaint, for there are men who have cohabited with infected women repeatedly for several years, and never had any symptom of the Disease. But a familiar proof of this fact may be had from a circumstance which happens often. Two men have coition with the same infected woman, the one gets the disease, the other does not. In general I have observed, that men of a relaxed habit of body are most subject to venereal complaints. A man who is intoxicated, and at that time has an unclean connection, seldom escapes uninfected: the same observation holds good with respect to those who are scorbutically inclined, and also as to those men who have but lately recovered from a mercurial course. The Gonorrhœa

seems to be communicable by no other means than the actual application of venereal matter or discharge from a Gonorrhœa to the penis. In proof of which we observe, that this Disease seldom, if ever, shews itself as a symptom of the Lues Venerea; that is to say, that it seldom appears after any other venereal symptoms have shewn themselves, and that it never occurs, but within such a space of time from a suspected coition as to date its cause from thence: that it therefore is always a local and not a constitutional disease. I have many times known men cohabit with a woman who has been afflicted with venereal eruptions in different parts of the body, and venereal nodes, and never receive any infection. Again, men who have had Buboës and other venereal symptoms, where there was no morbid discharge from the penis, have been connected with clean women, who have never received the infection. From a number of cases of this kind, where I have known the fact to be tried, (*experimenti gratia*) I am convinced that the Disease is not to be communicated but by the application of venereal discharge to  
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the part affected ; and therefore that neither the semen of a man, nor the emission from a woman, are capable of communicating the disease, unless venereal matter or discharge from a Gonorrhœa are mixed with these fluids. It has not yet been proved in what manner the infection is received, but it appears highly probable that a portion of discharge from a Chancre or Gonorrhœa insinuates itself into the orifice of the Urethra, and then lodges in some one or more of the lacunæ, or adheres to the Urethra by mixing with its mucus, because the Disease always begins in the Urethra, near to its outer orifice.

A species of negative proof of this, may be had from observing that any stimulating substance applied to the Urethra will cause an inflammation, ardor urinæ, chordhee, and coloured discharge ; all which symptoms are frequently brought on by the application of a Boujie.

The following opinions are at present maintained by different practitioners :

First, That a venereal Gonorrhœa never does produce or cause a true Lues Venerea.

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A second opinion is, That the Gonorrhœa is an inflammation of the Urethra without ulcers.

A third is, That it is an inflammation accompanied with ulcers of its membrane.

A fourth, That it is an infection different from the Lues Venerea.

The first opinion, to wit, that a Gonorrhœa never causes a true Lues Venerea, is at this time in great credit. But the two following cases seem to me, to prove the contrary in so satisfactory a manner, as to take away the necessity of making use of any arguments to contradict it.

In March 1774, a gentleman applied to me for the cure of a Gonorrhœa; he was treated in the usual method, the inflammatory symptoms were subdued in a fortnight; during the next twelve days he had a small, yellowish discharge, with some pain at the membranous part of the Urethra; he then complained that he did not void his urine in so large a stream as he had been used to do when in health; on introducing a Boujie into the Urethra, an obstruction was perceived at the part where he found his pain;  
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from this time a Boujie was introduced every day, in a month the obstruction and discharge were removed ; but he had observed for the last fortnight, that coloured spots appeared on his face and breast, and that he had pain in his legs and arms every night. The eruptions were as truly venereal as ever were seen ; his nocturnal pains were as certainly so ; and his cure was effected by a due course of mercurials.

In March last, a young gentleman was put under my care for the cure of an obstruction in the Urethra, and venereal blotches ; which symptoms were certainly brought on by a Gonorrhœa, as he had never had any other venereal complaint whatever.

In these cases, we have the strongest reason to suppose that there was an ulcer in each Urethra, because an obstruction immediately followed this symptom of pain in that part, and likewise because true venereal appearances were produced, which, perhaps, never happen unless there has been a previous ulceration. It may be said, with respect to these instances of Lues Venerea being produced by a Gonorrhœa, that the patients were



were infected previous to, or during the time of the disease. But there is not the least shew of reason for the former supposition, and there was scarcely a possibility of the latter happening without my knowledge, as I seldom failed to examine the parts every day.

Do not these cases prove, that a true Lues Venerea may be actually produced by a Gonorrhœa? Does it not seem highly probable, that there was a Chancre in the Urethra, which was the cause of the venereal symptoms, and the contraction in that canal? That the urethral membrane is subject to ulceration, has been observed by MORGAGNI, in his book *De Causis & Sedibus Morborum*, wherein he gives several histories of dissections of Urethræ which were so diseased. I preserve two penis's, in each of which are ulcers of the Urethra, but these were probably of long continuance, for neither of the subjects from which they were taken had any symptoms of the Gonorrhœa at the time of death. MORGAGNI makes the same observation on his cases, and supposes that they were the effects of numerous and ill-cured venereal complaints.

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With regard to the second opinion, that the Gonorrhœa is an inflammation of the Urethra without ulcers. This is undoubtedly a more rational idea than the antient and absurd one of supposing, that there were ulcers whilst any discharge continued, and that ulcers poured forth the diseased fluid, or the supposition of its being pus; ulcers were therefore held forth as a necessary attendant on this symptom. This theory was supported ingeniously, by comparing the discharge to that from ulcers in other parts of the body; thus it was said, in the inflamed state the discharge is thin, acrid, of various colours, and in great quantity; when the inflammation abates, the running becomes mended in consistence and in colour, is less in quantity, and puts on the appearance of good matter. But the whole of this theory is totally unsupported by any experimental observations; for it is now certain that a fluid very much resembling pus, may be, and is often produced by inflammation without suppuration.

Mr. POTT, in his ingenious Treatise on the Fistula Lacrymalis, says, “ That pus is



never produced without some breach in the natural structure of parts; that mucus may by irritation, relaxation, or defluxion on its secreting and containing parts or organs, be increased in a quantity far beyond what is necessary or useful, and produce thereby a disease in parts where there is not the least solution of continuity, as in the cases of tenesmus, stone in the bladder, fluor albus, and simple gleans, from the Urethra." In the next page he says, "the two circumstances of pain and yellow-coloured discharge, have, in almost all times, produced the same misconception in the virulent Gonorrhœa in both sexes; this having been called pus, and being said to proceed from ulcerations in the Urethra or Vagina, though the repeated testimony of those who have immediately, after death, examined the parts of persons so diseased, has often been produced to the contrary; and though the discharge itself, when properly examined, will always prove the contrary; inflammation and irritation will fully account for all the appearances, and whoever will attend to the discharge from a purulent ulcer, will find it widely different from



from that which issues from the Urethra in men, or Vagina in women, in a virulent Gonorrhœa."

MORGAGNI, in his book *De Causis & Sedibus Morborum*, gives it as his opinion, that the venereal Gonorrhœa is an inflammation of the Urethra, without ulceration of its membrane. He relates the following cases. A man, thirty years of age, died on the fifteenth day after the appearance of a venereal Gonorrhœa. On dissection, MORGAGNI found the inner membrane of the Urethra of a pale red colour, and covered with yellow mucus, at about an inch and a half from its outer orifice, which diseased appearances extended about two inches lower down. He dissected the Urethræ of two other subjects who died with the disease on them, and found an inflammation in the same part of the Urethra; but in neither of these three Urethræ was there any ulceration to be perceived. One case of this kind I examined at the London Hospital, in a man who had died of a fractured skull, having a Gonorrhœa on him at the time of his death. I opened the Urethra, and found its membrane at two

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inches

inches distance from its outer orifice, and for an inch and a half lower down much inflamed, of a pale red colour, and all this part covered with yellow mucus: after wiping off the diseased fluid, I attentively inspected the diseased part with a magnifying glass, and found the Urethra where the inflammation was seated had its vessels much distended with blood, but there was not even the smallest degree of ulceration to be seen, nor was there any appearance of cicatrixes, which it is reasonable to imagine would have been perceptible, had there been any ulcerations even at the commencement of the disease; the remainder of the Urethra was in a healthful state, as were the prostate gland and the vesiculæ seminales.

The antient opinion, that ulcers in the Urethra did constantly exist in the venereal Gonorrhœa is now nearly exploded, so many Urethræ of men who have died with the disease on them having been dissected, and no ulcerations having been found at the inflamed part, but the morbid appearances nearly similar to those in the cases related by MORGAGNI. Another most forcible argu-  
ment



ment in favour of the Gonorrhœa being an inflammation without ulcers, may be deduced from examining the Vaginæ of women afflicted with this Disease, for in them the disorder is usually confined to that part of the Vagina which can be inspected; the Vagina is inflamed, principally near the meatus urinarius, and no ulcers are to be seen. Mr. Samuel Sharpe, in his Critical Enquiry, says, “he believes that part of the discharge in a venereal Gonorrhœa comes from small ulcers, which matter irritating the mucus glands of the Urethra, causes an increased and morbid discharge of such mucus.” If we must suppose that ulcers do exist in this Disease, Mr. Sharpe’s theory is the most rational one, it being too gross an absurdity for to imagine, that ulcers on so small a part can furnish a discharge even nearly equal in quantity to what is usually found in the inflammatory state of this disease.

To strengthen the theory of the Gonorrhœa being an inflammation without ulcers, we may have further recourse to analogy. In the common inflammatory catarrh, do we not observe the great quantity of coloured mucus  
which



which is expectorated, the changes in its consistency and colour, according to the degree of inflammation? In this Disease no one now has recourse to ulcers to account for the discharge, although it sometimes resembles pus. An increased and coloured discharge from the *membrana schneideriana* is often the consequence of an inflammation of that part; any irritating substance applied to it, produces an immediate increased secretion and discharge of its mucus: the same effect may be produced in the same manner on the globe of the eye and inside of the eyelid. It may be said, that the two cases mentioned above as proofs that a *Gonorrhœa* may cause a *Lues Venerea*, seem to prove that ulcers do happen in the Urethra in some *Gonorrhœas*. On the contrary, they rather tend to shew, that when ulcers in the Urethra do happen in a *Gonorrhœa*, a *Lues Venerea* and obstructed Urethra will probably be the consequence.

On the whole then, we have clearly arguments of sufficient force to prove the great probability of this theory, which arguments are strengthened by repeated dissections of the parts in subjects who have died with the disease on them. It

It is the opinion of an eminent Anatomist who has examined as many (or perhaps more) diseased Urethræ, than any man now alive, that the gonorrhœal discharge is an inflammatory transudation, but that from this state of the disease neglected or maltreated, ulcers do sometimes happen.

We come now to treat on the third opinion, which is, that the gonorrhœa virulenta is an inflammation of the urethral membrane accompanied with ulcers. Forcible arguments are deducible, in support of this theory, from the testimony of all those who have inspected the parts in subjects who have died with the Disease on them, who have found the membrane of the Urethra inflamed, but free from ulceration. We may also add, that if ulcers did usually exist in this Disease, it is probable that cicatrixes would remain visible for a long time after they were healed, (and would therefore not be an uncommon appearance on dissection) also, that obstruction of the Urethra would be a very common effect of the Gonorrhœa, because, it is nearly certain, that when its membrane is ulcerated, (though all venereal taint may be removed) it takes on  
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a disposition to form strictures in the passage, whereas the Urethra usually remains in a healthful state after many repeated Gonorrhœas.

But on a comparison being drawn between this Disease and inflammations of other membranes, ocular demonstration may be had of such parts inflaming to a very great degree, and discharging for a considerable length of time a coloured fluid much resembling pus. For example, after the operation for the cure of the Hydrocele by incision, we see the tunica vaginalis become highly inflamed, and the dressings which are left in the tunic, daily moistened with a yellow fluid much resembling purulent matter, whilst the inner surface of the membrane is free from ulceration. The same circumstances may be observed after the operation for a strangulated hernia, where the hernial sack formed by the protruded peritonœum is opened by the knife of the operator, and its inner surface exposed to view during the healing of the wound. In a violent inflammation of the eye, we often observe this kind of fluid perpetually deposited on the globe of the eye, and inner surface



face of the eye-lids ; in this last named disease, we are certain that the discharged fluid is an increased and altered secretion of the fluids which are destined for the moistening those parts. In all these diseases then, as we have absolute proofs that an inflamed membrane is capable of secreting and discharging a fluid resembling purulent matter ; may we not venture to assert, that such fluids are not purulent, because they are furnished from parts where there are no ulcerations ?

The last theory to be enquired into is, that the venereal Gonorrhœa is a different infection from the Lues Venerea. The strongest arguments which are brought in support of this opinion are, first, that a Gonorrhœa does never produce a Lues Venerea ; secondly, that a Gonorrhœa is curable without mercury. But let us have recourse to facts, and if we can by them prove, that a person inflicted with a Gonorrhœa can by coition with an uninfected person communicate a Lues Venerea ; and also that one inflicted with a pox is capable of inflicting another person with a Gonorrhœa only ; it is imagined that such proofs will have more weight

in contradicting this theory than the most forcible arguments.

I knew a gentleman who contracted a Gonorrhœa from a common prostitute; at the beginning of the disease he had a connection with a woman whom he had seduced but a few weeks before that time. His complaint was a common Gonorrhœa, of which he was cured in three weeks without mercury; but the woman whom he had infected had as true venereal Chancres as were ever seen; her cure was attempted without mercurials, (on the supposition that a Gonorrhœa would not communicate a Lues Venerea) but after the most fair trial during four weeks, it was found that the sores had every symptom and appearance of Chancres, mercurial medicines were then administered, and they were cured as such.

A second case is as follows: A man contracted a Chancre three months ago; he attempted to cure it himself by the use of a quack medicine; he cohabited with his wife for a fortnight after its first appearance, she then became diseased, but her complaint was a Gonorrhœa without Chancres, or any  
other



other venereal complaint whatsoever, and she was cured without the use of mercury.

An ingenious surgeon has proved, that the discharge from a Gonorrhoea will produce a true venereal Chancre, by inoculating himself with a lancet which was moistened with such discharge; he has likewise inoculated himself with matter taken from a Chancre, and finds that the Chancre caused by the discharge from a Gonorrhoea, is as truly venereal and as virulent, as that caused by inoculation from the Chancre.

But let us for a moment reflect on the disease itself. The most rational idea of which, I conceive to be, that it is an inflammation of a part of the urethral membrane, and that the discharge is the consequence of such inflammation, which causes an increased and morbid secretion of its mucus. From daily experience we know, that true symptoms of the Lues Venerea do very seldom occur from this disease when the cure is totally neglected, or, which is frequently of worse consequence, maltreated; and also, that its cure seems by no means to depend on the use of mercury. It is also known,



that a Chancre is capable of producing every venereal symptom ; likewise, that every Chancre may be cured by the internal use of mercury ; and it is equally certain, that a confirmed Chancre, that is to say, one which has the true characteristics of the disease, and has continued a week in such a state, cannot be safely cured without the introducing a proper quantity of mercury into the patient's habit of body.

May we not then with confidence retain these opinions ; first, That the Gonorrhœa is produced by the same matter as a Chancre is ; secondly, That the disease is not liable to be introduced into the habit of body for any other reason, but that there is no ulceration or erosion ; thirdly, That the discharge is not purulent ; and, finally, That ulcers do not happen in this disease unless in extraordinary cases, such as those related above, where a Lues Venerea was caused by a Gonorrhœa.

These opinions are supported by the theories of two of the most eminent Anatomists now living, who assert, that venereal matter applied to an erosion or crack of the skin in  
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any part of the body will form a Chancre; and, that the same matter deposited on such a membrane as that of the urethra, will cause an inflammation without ulceration, such as happens in the Gonorrhœa.

A man with a Gonorrhœa who had been washing his penis, happened to touch his right eye soon afterwards with his finger; a violent inflammation immediately attacked the eye and inside of the eye-lid, attended with a copious discharge of thick yellow fluid, much resembling that from his urethra; this ophthalmia was judged to be venereal by one of the best Surgeons and Anatomists in the kingdom, who accounted for it by supposing, that the finger with which he touched his eye, deposited some of the discharge from his Gonorrhœa on that part.

The prognostic of cure must depend principally on the symptoms of the disease. For although it seems highly probable, that every Gonorrhœa is at its beginning an inflammation, without ulceration, confined to that part of the urethra in which MORGAGNI found it to be seated; yet it is highly reasonable to imagine, that the urethra becomes  
after-



afterwards, in many cases, fully as much inflamed at different parts deeper seated, which may be judged of by supposing, that there is inflammation of the urethral membrane wherever ardor urinæ is perceived. The worst species of Gonorrhœa seems to be that in which the prostate gland partakes of the inflammation, which may be known by the following symptoms; a dull, heavy, and constant pain at the root of the urethra; a very frequent inclination to void the urine, accompanied with such a difficulty of retaining it, that the patient can scarcely walk from one room to another before it will make its way out. In this state of the disease, the urinary bladder is so far affected as to be in such a state of irritability, that it will not contain its usual quantity of urine.

I shall beg now to be indulged with a few words respecting the cure. The curative indication is evidently to subdue an inflammation; to answer which purpose, cooling purges, a temperate diet, plentiful dilution, and the skilful use of injections, will commonly prove effectual, without having recourse to the use of the lancet or mercurials,

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But the inflammatory symptoms, such as ardor urinæ and chordee, may, in general, be immediately relieved by the use of a proper injection. As the use of injections in this complaint is not general, they being recommended by some practitioners and condemned by others, I beg leave to give a few arguments in their favour. The intent of cure is primarily to allay an inflammation of the urethral membrane; if it is highly proper to subdue an inflammation of such a part as speedily as possible, it follows then, beyond a doubt, that by the application of proper medicines to the inflamed part, we may gain great advantages, giving immediate relief to the symptoms of pain and inflammation. When the discharge continues after the inflammatory symptoms are subdued, we can more effectually and expeditiously brace the relaxed vessels which secreted it, by a topical application, than by internal remedies, which have the round of the circulation to go, before they can act on the diseased parts; because the disease appears to be a local inflammation, which is not caused by any morbid affection of the habit of body. But some  
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practitioners object to the use of injections, and seem to imagine, that they check the discharge of venereal matter, and that, on that account, an absorption will be the consequence, and therefore, that from such practice, a danger is incurred of the venereal virus entering the habit of body. But to this it may be replied, that in the inflammatory state injections appear to do service, merely by allaying the inflammation; and when this is subsided, they act by bracing the secreting vessels, and that the diminution of the discharge is to be accounted for by supposing, that the secreting vessels are brought more near to a healthful state, without having recourse to absorption. A Gonorrhœa may be, in most instances, cured in a fortnight, or in less time, with the assistance of injections. Mercurials in small doses, and of the mildest forms, may be administered internally, although the cure, in general, does not seem to be at all expedited by such medicines. But if we suppose a cure by internal remedies alone, such as cooling purgative medicines, while the symptoms of inflammation are violent, then mercurials, and  
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the cure to be compleated by balsamics, bracers, and the cold bath, if necessary; it will, in this method, be seldom compleated in less than five weeks. But the cure with the assistance of injections, is not only the most expeditious and easy method, but the safest. For the sooner an inflammation is removed from a membrane of so irritable and delicate a texture, as that of the urethra, the less injury it will be likely to suffer; and there will be the less danger of the virus entering the constitution, in proportion to the length of time which the discharge is suffered to continue; for whilst this is the case, the smallest portion of such discharge, by application to a fissure or erosion on the glans penis, or in the urethra, may cause a Chancre, and all its consequences. If this method is judiciously used, the accidental symptoms attendant on Gonorrhœas, will happen by much less frequently than in the other method.

If the above opinion concerning absorption is true, does it not follow, that the common idea of absorption in this, as well as in some other diseases, cannot be well



supported ; for a fluid cannot be absorbed till it is secreted ; that is to say, till it really exists ; if therefore topical applications lessen the discharge, they seem to do this by bringing the vessels which secreted it nearer to a healthful state, and therefore do not by any means act as repellents. In support of this doctrine it may be added, that the Erisipelas, and some other inflammations, are now often and safely cured by applications of a gently astringent and sedative nature, such being found to abate the inflammation and pain in a greater degree than oily relaxing ones. The same arguments may be used, in that alteration in the state of ulcers in any part of the body, particularly those in consequence of surgical operations, in which cases, on the discharge suddenly lessening or stopping, it is the common opinion, that an absorption has taken place ; at the time this alteration happens, there is usually such a change in the health of the patient, and in the appearance of the ulcer, as to warn a skilful Surgeon of the approaching dangerous symptom. Is it not more rational to suppose, that this change in the patient's habit of body prevents  
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the secretion of matter, than that a small quantity of pus deposited on the surface of the fore, and being then absorbed, is capable of causing such a change in the constitution? because pus does not appear to possess any noxious quality; it seems never to irritate or injure the fore on which it is secreted, and seems likewise to be composed of globules of too gross a nature, and too large dimensions, to return into the circulation, excepting under very particular, and essentially different circumstances, from by much the greatest number of cases in which absorption is supposed to have taken place, and to have been the cause of the bad symptoms.

Having now briefly considered the Gonorrhœa, we proceed to speak on those diseases which happen in consequence of that complaint: the most common of which are, the inguinal Bubo and the Hernia Humorrhalis: the less frequent are, Phymosis, Paraphymosis, Warts on the Glans-penis or Prepuce, Strictures of the Urethra, Warts or Caruncles in the Urethra, Gleet, Tumors on the Urethra, which may be felt externally, and



swelling and inflammation of the body of the Membrum Virile.

An inguinal Bubo is an inflammation and suppuration in the groin, in most cases it is certainly a disease of one or more of the lymphatic glands in this part, and is thus usually accounted for; part of the gonorrhœal discharge is said to be absorbed by the lymphatic vessels which pass from the urethra through the inguinal glands, which vessels, in their course through those glands, become much smaller in their diameters, and that this circumstance will account for the matter stagnating there. This theory, although at first view plausible enough, does not appear to be well supported. When a Bubo makes its appearance, the discharge occasioned by the Gonorrhœa, usually decreases in quantity, and the symptoms of inflammation in the urethra do likewise abate considerably; but, does the decrease of discharge from the urethra furnish us with an argument of sufficient weight to support the opinion, that matter is absorbed? Is it not more rational to suppose, that the inflammation is removed from the urethra to the inguen?

guen? Are we not strengthened in this opinion by observing, that in the Hernia Humorrhalis the same decrease of discharge and pain accompany this new symptom of inflammation, which symptoms cannot reasonably be supposed to be caused by absorption, for reasons which will be mentioned under the head of Hernia Humorrhalis.

The method of treatment of Buboes admits of some questions of importance, which are, first, Whether we should attempt to disperse them, or to bring them to suppuration? And secondly, in what manner to procure an opening for the discharge of the matter when they come to maturation?

The dispersing of venereal Buboes has been strongly recommended, and much practised of late: this may be often attempted with success, which will be found to depend in a great measure on the introduction of mercurial ointment into the integuments, below the part where the inflamed gland is seated, (the common practice is to use the ointment to the enlarged gland) which is done with the design of introducing the mercury into those lymphatic vessels which have  
their



their course through the diseased gland ; to these mercurial inunctions should be joined gentle purgative medicines, and a cooling low diet ; a loss of blood from the part, by the means of leaches, may also be of some use where the teguments are much inflamed. The following facts I am certain of ; to wit, that a Bubo, caused by a Gonorrhœa, is easier of cure than one caused by a Chancre, or one which appears joined with any symptoms of a confirmed Lues ; also, that a Bubo in a scorbutic or bad habit of body, under either of the before-mentioned circumstances, when opened by the knife or caustic, does usually become an ill-conditioned sore, and by spreading into a very large ulcer, often is a dangerous, and has proved a fatal complaint in many instances.

A Surgeon, whose veracity may be depended on, informs me, that he has cured many Buboes, which have happened in consequence of Gonorrhœas, without the use of mercury ; that he has pursued this mode of practice for above twelvemonths last past, and that after they are opened by caustic, he puts the patient under a course of the Peruvian

vian bark, and finds the ulcer to heal as a common abscess. May we not then advise the dispersing those Buboes, which happen in consequence of Gonorrhœas, on the idea of their being caused by inflammation, and not by absorption; that they therefore do not afford a critical discharge of the venereal virus, deducing our arguments in support of this mode of practice from observing, that the Hernia Humorrhalis, and the other inflammations caused by Gonorrhœa, do not produce symptoms of the Lues Venerea, unless there has been a solution of continuity, and an application of a portion of the gonorrhœal discharge to such part?

When an inguinal Bubo comes to suppuration, our next object is, by what method to procure an opening for the discharge of the matter. Opening them by incision is now seldom used, the method by caustic being preferred, as the sore is found to heal in a shorter time, and with less danger of leaving sinuses than after the opening by incision. But there is scarcely ever a necessity for any operation; for if the matter be permitted to make its own opening, the cure will



will usually be effected in a shorter time than if an opening had been made by the Surgeon, and the pain occasioned by the knife or caustic will be avoided. I was induced to make trial of this method, from the case of a Surgeon who had as painful and as large a Bubo as is ever seen. He would not suffer it to be opened, it broke of itself, and afterwards healed without any difficulty. Since that time I have used the same practice in ten venereal Buboes, nine of which were cured without any operation by either caustic or cutting instrument; and in the tenth, nothing more was necessary than to open a small sinus with a lancet.

The Hernia Humorrhælis, or swelled Testicle, is one of the most painful and acute diseases of those which happen in consequence of a Gonorrhœa. This complaint is very seldom an inflammation of the testicle, but seems in many cases to be confined to the Epididymus, which will be found to be the true seat of the inflammation; for by a proper manual examination of the parts, the Vas Deferens and Epididymus may be felt swelled, hardened, and inflamed, the  
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body of the testicle being free from disease. In this manner the Hernia Humorrhalis seems to begin, and may, when the inflammation is violent, and is suffered to continue so for any length of time, be communicated to the testicle, its coats, and the scrotum. In one of the Volumes of the London Medical Essays, a case of an Hernia Humorrhalis is related by Dr. Vaughan, in which the inflammation, tumefaction, and pain were remarkably violent; a puncture was made in the scrotum at a part where it was thought that there was an abscess, but only a thin ichorous discharge issued forth; a mortification pervaded the whole tumor, and the death of the patient terminated the disease. On dissection of the mortified tumor, the tunica vaginalis was found enlarged, thickened, and of a livid colour, approaching to a state of mortification, the testicle was in a healthful state. This case seems to shew, that a most violent Hernia Humorrhalis may happen in which the testicle does not partake of the inflammation; but this disease appears to me to have been attended with such uncommon occurrences



(such as the mortification of the part, and the death of the patient) as to give but little information with respect to the seat of the inflammation in this disease, as it usually appears.

The *Hernia Humorrhalis* seldom occurs in the mild species of *Gonorrhœa*, but happens in that species which affects the neck of the urinary bladder. The disease is often brought on by some imprudence in the patient, such as using violent exercise, hard drinking, the venereal act, catching cold, or riding on horseback. When it makes its appearance, the inflammation and discharge from the urethra decrease; so that in this disease we have the same arguments in favour of absorption having taken place, as are made use of in support of the opinion of injections producing this effect, although there is not the least reason to suppose that this circumstance was the cause of this disease. It is an inflammation, and is curable by an antiphlogistic plan.

Suspension of the part is the first object, cooling sedative applications are the most convenient and beneficial, they being found  
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to relieve the painful symptoms more than emollient pultices, fomentations, or spirituous applications. Venæsection, in this complaint, becomes often necessary, especially at its beginning, and should always be performed from a large orifice, the object being to make a revulsion from the part, which is scarcely, if ever, effected by a slow bleeding; a sudden and copious loss of blood induces a less or greater relaxation on the blood vessels, and gives an opportunity for the surcharged arteries to empty their contents into the veins, and to return some of the blood into the larger arteries from whence it was brought. In this complaint there is sometimes a collection of fluid to be felt distinctly enough, seeming to be contained in the body of the testicle; this sensation is deceitful, as it may be mistaken for a collection of pus, but whoever is possessed of the *tactus eruditus*, and is aware of this circumstance, will not be misled. This fluid commonly disappears by the use of proper discussing applications.

After the inflammation, pain, and swelling are subsided, a small hardness seemingly



of the coats of the testicle sometimes remains; this we may endeavour to disperse, but it will never be found to be productive of either venereal symptoms or injury to the testicle. Draftic purgative medicines were formerly in esteem for the cure of the Hernia Humorrhalis, as were vomits, particularly those of turbith mineral; the former were found to irritate the already inflamed parts, the latter not to allay the inflammation so much as venæsection, and both to injure the constitution. If the inflammation in a Hernia Humorrhialis should be violent, and there be any obvious reasons to forbid the taking away of blood, mild vomits may be used to advantage, which may be expected from their inducing the same species of languor and faintness as venæsection does, which is known to be highly serviceable in inflammatory disorders, it having often been observed, that in the pleurisy, inflammation of the bowels, and other inflammatory diseases, a patient is cured by one venæsection, of which he faints, after repeated former bleedings have been attended with but little relief to the disorder.

A Hernia Humorrhalis may happen independent of any venereal affection, either from a contusion on the part; without any apparent cause; or from a stimulus applied to the urethra, for I have known the introduction of a stimulating Boujie produce this effect.

A Bubo in the groin may likewise happen without any venereal affection; two such cases I have had under my care, in each of which the suppuration advanced very slowly, gave scarcely any pain at that time, nor did they cause any inflammation or pain in the surrounding parts.

The Phymosis is such a contraction of the prepuce, as to render it too narrow to be drawn back over the glans penis. This complaint, when brought on by a Gonorrhœa, is at its beginning an inflammation, and should be treated as such. It happens most frequently in those men who have the prepuce of a long and narrow form, so as to keep the glans penis covered; this state of the parts gives an opportunity for some of the gonorrhœal discharge to be retained between the glans and prepuce, which may there cause a Gonorrhœa externa or inflammation



mation of these parts ; another reason why men thus formed are by much more subject to this disease, than those whose glans penis are usually uncovered by the prepuce, is, that in the former state the parts have a very tender and irritable surface, but that in the latter state the surface becomes, by exposure, of a more firm texture, being scarcely more irritable than those surfaces which are covered by the common integuments. The Phymosis is always at its commencement an inflammation, and should be treated as such ; topical applications are of the greatest service, but such should be used to the inflamed surface, as but little benefit can be expected from what is applied to the outer surface of the prepuce. When the inflammation is reduced, and the parts become free from pain, the Phymosis does often remain, and the complaint is then said to be in a proper state for the operation for the Phymosis.

This operation is performed with two curative intentions, first, for the convenience of the patient, and to restore the parts to such a state as to be capable of their natural functions ; secondly, to render the cure of  
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this disease more expeditious and safe. But this operation is scarcely ever necessary in the venereal Phymosis. I can give this as the opinion of one of the most eminent Surgeons now in London, and can alledge the same from my own experience. At the beginning of the disease the prepuce will be found so much inflamed, as to render the use of any cutting instrument highly improper and extremely painful. When the inflammation is subdued, the foreskin remains sometimes so contracted as to form the disease; but when this happens, some cause may be found besides a mere contraction, such as chancrous hardnesses, either with or without ulcers. In this state of the disease, the operation is advised with the design of exposing the ulcers, that they may be properly dressed; or with a view of cutting away the callous parts. When there are Chancres, the great probability of the wound's becoming a venereal sore from the application of the matter from such sores to the wound, would, in my humble opinion, be a reason of sufficient force to condemn it. But will the advantages proposed by it be answered? Will the cure be

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expedited? I believe that neither of these purposes will be effected. From a number of these cases, to which I have carefully attended, I can with certainty assert, that the operation is very seldom, if ever, necessary in this state of the disease; for under these circumstances a cure is to be expected, whether the operation is performed or not, from introducing a proper quantity of mercury into the habit of body; and whoever will persevere in the use of such medicines for the space of a month or six weeks, even without confinement, will perceive the sores healing or healed, and the foreskin coming into its natural state by the hardnesses being dissolved. The same method of cure is to be used where chancrous hardnesses, without ulceration, cause the disease, which will as seldom require an operation.

This disease, though oftentimes occasioned by a Gonorrhœa, and requiring the use of mercury for its cure, does notwithstanding furnish us with an argument in favour of the doctrine, that the discharge from the Gonorrhœa is capable of causing a Lues Venerea, for in such instances we are nearly as certain

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as we can be of any medical fact, that a portion of the gonorrhœal discharge being applied to the tender surface of the glans penis, caused, first inflammation, and then true venereal Chancres.

If the operation for the Phymosis be performed whilst there are Chancres on the prepuce, the incised part will sometimes be found to heal in such a manner as to form a Phymosis (after all venereal taint is removed) in consequence of the cicatrix, and then a second operation will be necessary, in order to restore the natural functions of the parts, whereas each operation might have been avoided; the last mentioned observation is founded on the following case:

A gentleman applied to a Surgeon for the cure of a venereal Phymosis; the operation was immediately performed; there were several Chancres on the inside of the prepuce, the patient was put under a course of mercurials, and both the ulcers and wound were healed within two months. From this time he was afflicted with a true Phymosis, which gave him extreme great pain at the time of an erection, and debarred him from the en-



joyment of women ; the operation therefore became necessary, and was the only recourse, there being now no venereal affection. On cutting through the prepuce, I found the only stricture was at its anterior extremity, which was certainly caused by the cicatrix in consequence of the former operation, the incised parts having been then suffered to heal in the covered state of the glans. It is two years since he underwent the former operation, and he has not had any venereal complaint since then, the Phymosis having prevented him from coition.

The Phymosis, accompanied with a plentiful coloured discharge from the glans penis, is a complaint which sometimes happens where there is no venereal affection. In such cases it is commonly caused by an accumulation of the fluid, secreted from the corona glandis, which, by stagnation, becomes sufficiently acrid to irritate these parts, and to cause such an inflammation as to produce the disease.

The Paraphymosis is a contraction of the prepuce, which having been drawn behind the glans penis, cannot be brought forwards  
again

again so as to cover it. It is the same disease as the Phymosis ; the only difference consisting in the situation of the prepuce. For example, if the foreskin of a person who has a Phymosis is drawn behind the glans, it will there form such a stricture on the corona glandis as to constitute a Paraphymosis. On the first appearance of this disease, the procuring of immediate relief is of the utmost consequence, the delay of which is, in many cases, attended with some hazard of a mortification. Our first curative indication should therefore be to bring the prepuce into its natural situation, which may be sometimes effected by compressing the glans penis during some minutes, by which pressure its bulk will be considerably diminished. By this method I have reduced some, and seen several Paraphymosis' reduced, at a time when the operation would have been justifiable. If this method does not succeed, we must be guided by the state of the disease, and must either proceed to the operation, or trust to topical applications and internal remedies ; for if the inflammation and pain are very great, and seem to be caused by the stricture,



the operation should be immediately performed to prevent mortification; but if the inflammation has continued long, it may be delayed according to the circumstances of the case. In the inflammatory state cooling applications applied cold, are more beneficial than warm emollients. Mercurials will be of no service, unless the inflammation is subsided, and there are Chancres or chancrous hardneſſes to cure. The operation, if neceſſary, ſhould be performed in the early ſtate of the diſeaſe, for this reaſon alſo, to prevent the prepuce from forming adhæſions to the glans, it could not then be reduced even by the operation, and ſuch deformity would be a moſt inconvenient circumſtance to the patient, as it would occaſion a difficulty or pain in the venereal act.

In the Paraphymosis, as well as in the Phymosis, it is the inner layer of prepuce which forms the ſtricture, therefore in the operation for either of theſe complaints, the incision or incisions of the inner ſurface of the prepuce, ſhould be made of a ſufficient length, and the wound of its external part ſhould be of no greater extent than what is

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necessary for the convenience of the operator in making the necessary incisions on the stricture.

We come now to speak of Warts on the glans-penis, or prepuce. These do seldom, if ever, happen from a Gonorrhœa, unless there has been an erosion at the part where they are situated. When they are venereal, they are attended usually with a hardness at the part where their basis adheres. I have had four cases of Warts situate on the glans-penis under my care, which were not venereal, and were cured by ligature alone, without the assistance of any other topical application, or any internal remedies. To distinguish the venereal from those which are not so, does in many instances become an object of the utmost importance to the patient ; we may therefore further remark, that warts on these parts which are not venereal, are formed of a very soft substance, are of a reddish colour, and have their basis commonly narrow.

Warts on these parts do often resist mercurial courses, remaining nearly in the same state as before such medicines were given.

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If they do not disappear after, or during, one mercurial course, they are to be regarded as a local disease, and may be cured by excision, or by caustic applications. The circumstances of the disease will lead to the choice of either of these methods. If excision is to be used, the surface to which their basis is fixed must be taken away, otherwise they commonly grow again, and the operation will have been a mere palliative and not a cure. When the basis of a Wart is narrower than its body, the cure by ligature should be preferred ; if the surface to which the Warts is fixed is very broad, then caustic or escharotic applications will commonly be successful ; for it appears to me, as it has to many eminent practitioners, that this disease is less liable to return after a cure by ligature or caustic, than by the knife.

Warts on these parts, in some cases, yield a sufficient quantity of virulent discharge to communicate the venereal disease ; a clear instance of which I once knew, and is as follows : A gentleman cohabited with his wife whilst he had no other complaint, excepting a small Wart on the glans ; she was  
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attacked with a Gonorrhœa, and as there was not the least cause to suspect her of inconstancy, there was therefore no reason to doubt but she received her disorder from her husband.

The next disease which we are to treat on, as one which happens sometimes in consequence of a Gonorrhœa, is an obstruction in the urethra, causing a difficulty of voiding the urine. This disease is attended with a diminution of the size of the stream of urine, and is usually accompanied with a gleet ; but as such symptoms do often happen in consequence of a diseased prostate-gland, we cannot therefore be certified that the disease is a contraction of the urethra, without a skilful examination of that canal by the introduction of a boujie, a catheter, or some such instrument. Obstructions in the urethra do often become the object of the patient's attention, at such a distance of time from his having had any venereal complaint, as to make it doubtful whether it was caused by any such disease or not. It is supposed by an ingenious Surgeon and good Anatomist, that a contraction of the urethra is never  
caused



caused by a Gonorrhœa; but the two cases related as proofs of a true Lues Venerea having been caused by a Gonorrhœa, seem to demonstrate the contrary. That it often happens when not caused by a Gonorrhœa is scarcely to be doubted; in two cases of this kind it seemed to have been caused by an injury which the urethral membrane had suffered, in the exit of portions of stone from the urinary bladder.

With regard to the cure the following question arises, Whether it is to be performed by mercury, (on the idea of its being a venereal affection) or is to be treated as a local disease? From the two following cases it appears probable that the disease is not venereal. Two gentlemen, who have each had a stricture in the urethra, and at times a gleet during these last seven years, have constantly cohabited with their wives, who have received no infection, nor have ever had any symptoms of the venereal disease. These are not related as uncommon cases, nor do I mean to infer from them that strictures in the urethra are never venereal, or that their cure may be procrastinated with safety, be-  
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cause this disease is often the cause of dangerous and sometimes of fatal suppressions of urine; the disease has been known to close the urethra entirely, for the urinary canal has been found obliterated, leaving no passage for the urine but through fistulous openings in the perinæum; a preparation of such a disease is in the possession of an eminent Anatomist.

This complaint may be cured, in by much the greater number of cases, by the proper use of medicated bougies, nor will internal medicines give us any assistance. The gleet which usually accompanies a contracted urethra, will be found in most cases to decrease as the obstruction is relieved, and when the canal is brought to its natural size, become cured, without the use of internal medicines, or astringent injections.

With regard to the composition of bougies, little need be said, if it is allowed that a cure is to be effected by the gradual dilatation of the contracted canal. Suppurative, digestive, and specific bougies have been obtruded on the public by ignorant pretenders to the healing art. Let us examine into the pecu-



liar benefits which are supposed to arise from the suppurative, digestive, or specific qualities of bougies. The first species are said to bring to suppuration the ill-cured ulcers in the urethra, and to dissolve their hardened eschars. The digestive are then to be used with a view of digesting the ulcers properly, so as to bring them into a healing state. The specific are, in all cases, to perform an infallible cure. But though either an ulcer, or a small laceration of the urethral membrane, is probably the primary cause of every contraction of that membrane, yet it seems to be certain, that the object of cure is not to digest such ulcers, for they are a very uncommon appearance in the urethra, and seldom seem to exist as the cause of those strictures which require the use of bougies for their cure. I have dissected the urethræ of two men, who each died with a stricture, and had each been using bougies till attacked with the illness which caused their death. In the urethra of each of them there is a gradual decrease in its size, (without any vestige of previous ulceration) at which part its spongy substance is much indurated, and its mem-  
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brane is forced into longitudinal plicæ or wrinkles. To these two cases may be added, the observations of two of the most eminent Anatomists of the present age, who, in the great number of diseased urethræ which they have inspected, have very seldom seen any other disease of that canal excepting such strictures, independent of ulcers. With respect therefore to the idea of a suppurative or digestive boujie, we may remark, that a boujie cannot produce suppuration (if there are no ulcers) until it has acted as a caustic in the urethra, or has lacerated its membrane; and the discharge produced by the most irritating boujie will be found on a careful unprejudiced inspection, never to be pus, being an increased secretion of its mucus, caused by the irritation of the boujie. As to a specific boujie, the pretension implied by its name, will be of sufficient force to prove it to be an empirical fallacy.

May we not suppose strictures of the urethra to arise in this manner? In a Gonorrhœa the urethra is inflamed; during this time an erection of the penis causes pain at the inflamed part, and sometimes an hæmor-



rhage, (caused probably by a rupture of the urethral membrane) which circumstance will often be the consequence of the venereal act if used at this time. It is known to be a fact, that after inflammations, wounds, or contusions of the glands, they take on a disposition to become schirrus; that the same injuries to the bones, leaves them disposed to become carious; that burns of the skin gives it a disposition to form contractions; may we not then with equal propriety say, that ulceration or laceration of the membrane of the urethra, gives it a tendency to harden and contract? This theory of the disease being adopted, it follows, that in the bougies we use, a composition should be chosen which will not irritate or give pain, and that they shall be made of such a substance as will not be likely to break. A bougie may be kept in the urethra every day, from a quarter of an hour to three hours, according to the exigency of the case. Some have advised the securing them properly, and permitting the patient to sleep with one in the urethra. But the following case proves the danger of such practice so clearly, as to forbid its use in future.

A young man came from the country to the London Hospital in April 1769, to be searched for the stone. He gave this account of his case; that about six months before that time, he had a stricture in his urethra, for the cure of which he introduced a boujie every night, tied it on the glans-penis, and went to bed with it thus secured; that the last he had used had during the night got into his bladder, with the ligature which tied it to the penis, for that on the following morning he could not find either the one or the other, and that from that time he was in continual pain in his bladder, which was increased to such a degree as to make him desirous to undergo the operation of lithotomy. An extraneous substance was felt by the sound, but the touch of stone was not perceptible. Mr. Grindall, whose patient he was, performed the operation, and extracted a large boujie twisted together, and curiously encrusted with calculus substance on its surface. The man soon recovered, and Mr. Grindall preserves the boujie in his collection of calculi.

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In the case of contractions of the urethra, I have endeavoured to prove, that the greatest benefit to be expected from bougies, is from their dilating the strictures; and that in by much the greatest number of cases mercurial medicines are by no means necessary, nor will they in any manner assist in performing a cure. But what answer can be given to the idea of this disorder being curable by internal medicines, without the use of bougies; to form a clear opinion on which subject, I would beg to refer any person to the inspection of a urethra thus diseased, he would then be inclined to think, that such pretensions are like those of most other empirics, made to take an advantage of the fears and credulity of the patient, who would gladly be cured of this complaint without enduring that pain which the use of bougies is said to occasion. But if a bougie is introduced skilfully, slowly, and without violence, the pain occasioned by it will be inconsiderable, even to the most timid person. At the same time I must beg to observe, and the following cases will clearly prove, that a bougie is capable of piercing the membrane  
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of the urethra, which accident would cause an inflammation, and probably other bad consequences, and in a bad habit of body might prove fatal.

A man, who was in an hospital in London in 1768, had a stricture in his urethra, but being in the house for the cure of another complaint, he applied to one of the Surgeon's pupils for the cure of this disorder, who introduced a boujie every day, but not being able to get one beyond the contracted part, he urged one with a considerable deal of force, which on a sudden passed forwards for about half an inch, and there stopped; some blood issued out of the urethra, the man had much pain on that night, but being attacked with a putrid fever on the next day, he had no boujies used after that time; he continued ill of the fever during a fortnight and then died. I opened the urethra, and found a contraction of its inner membrane, with a hardness of its spongy body, and a round perforation in its membrane, which extended into the substance of the urethra obliquely downwards near half an inch in length; this being at the beginning  
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of the contracted part was undoubtedly made by the boujie. I have this urethra preserved in spirits. The next case is this: A man was brought to an hospital, on the 10th of August, 1776, ill of a suppression of urine: he had been attacked with this complaint on the first day of that month; a Surgeon had been sent for, who attempted to introduce the catheter; and after having used some force, got it into his bladder. On the succeeding night, another attempt was made to introduce the instrument, but without success; and after some force had been used with the instrument, an hæmorrhage from the urethra ensued. The catheter was introduced on the same evening by another Surgeon. The scrotum became swelled to a great size on each side; he had violent pain in his urethra and scrotum during the two following days; he then became suddenly free from pain, and died on the next day. On dissecting the parts after his decease, I found the scrotum filled with urine, and in a mortified state; an orifice was also seen in the urethra, which opened into the scrotum. In this case it is highly probable, that the

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mortification of the scrotum, and death of the patient, were caused by the laceration in the urethra.

The next complaint to be treated of is, Warts or Caruncles in the urethra. These have, by some authors, been supposed to be the most common cause of obstructions in that canal, and on this idea of the disease, the destruction of such excrescences by caustic or escharotic applications is proposed; but it really appears to be a truth, that the very authors who so systematically teach this method of curing the disease, never have seen it; for if we look into their works, we shall find that but few of them give any description of a Caruncle, and that those who do, speak of it in a most awkward manner, making it a different disease from what is found in any other part of the body. Some moderns deny the existence of the disease; an eminent Anatomist asserts, that he has never seen any morbid appearance in the least resembling a Caruncle; and he is inclined to think that there is no such disease, as he has not found it among the great number of diseased urethræ which he has dissected. Ano-



ther anatomical Professor has seen the disease twice. If by a Caruncle is meant an excrescence in the urethra, similar to a Wart or Polypus, I have seen one in three different persons, for in each case the excrescence was situated in the urethra so near to its outer orifice, that it was plainly seen from thence. The one was cured by the use of lunar-caustic, and the other two dropped off on the use of a mercurial injection. The sense of the word, as derived from its anatomical use, includes the polypus as well as every præternatural fleshy excrescence. A Surgeon in the army assures me, that an officer in his regiment had his urethra nearly filled by a great number of warts, many of which he could see, and by introducing a boujie could feel a great number of others.

The cure of a Caruncle by caustic or escharotic applications is advised thus: conceal the caustic or escharotic medicine in a catheter, or hollow boujie, which is to be introduced to the obstructed part, and then with a stillet the medicine is to be protruded so as to be applied to the Caruncle. But the danger of this practice is apparent, from the  
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difficulty of applying the medicine to the excrescence alone, and the bad consequences which would ensue from cauterizing a membrane of so irritable a disposition, and of such importance to the animal œconomy, as that of the urethra.

From the above related observations on this disorder it clearly appears, that this complaint but very seldom exists. When it happens, and is so deep seated in the urethra, as not to be seen or felt by means of a straight instrument, it will be exceedingly difficult to ascertain, to any degree of certainty, whether it is a caruncle or a stricture of the urethra. But if the disease should occur in the anterior part of that canal, a caustic or escharotic application might be used with some degree of safety. This method has been practised by Mr. Grindall, one of the Surgeons to the London Hospital, who uses a straight silver tube of the size of a common catheter for this purpose. He also made use of another method in the following case : A man in the London Hospital in 1770, had an obstruction in his urethra at three inches distance from the glans-penis ; bougies and digestive medi-



cines having been used to the part daily during a month, but without effect, he introduced the tube to the obstructed part, and then forced a stillet, whose end was nearly pointed, through the part; the cure was afterwards completed by the use of bougies. May we not expect a cure from the use of bougies on the principle of their acting by pressure, since we are certain that fungous flesh in ulcers may be brought to a level with the surface of the sore by pressure, which is found to answer the same purpose as destroying it by caustic?

Another disease of the urethra causing a contraction of this canal is, a tumor in its spongy substance. This disease is particularly described and treated of by Bruner, and is by him spoken of as one of the most common causes of obstructions in the urethra. From all my enquiries concerning diseases of these parts, I have been able to procure only one case of this kind, which was related to me by an ingenious Anatomist, who dissected the parts and has them preserved in spirits. In this case the inner membrane of the urethra was protruded inwards, was free from disease,  
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and the complaint was looked on as a common stricture of the urethra, till dissection proved the contrary. We may therefore assert that the disease does sometimes happen, and but very seldom.

The cure, if accompanied with a venereal taint, should be attempted by a proper mercurial course; if this is not effectual, recourse must be had to bougies of the mildest composition, as we can expect no benefit from them but what is deducible from their acting on the tumor by pressure.

The next disease to be spoken of is a Gleet. Of this disease there are two species: first, those which are caused by a relaxation of the parts which secrete the urethral mucus; and secondly, those which happen in consequence of some other disease in the urethra or the prostate-gland. The former sort, although spoken of as a common complaint, is in fact a very uncommon one. In this disease, the use of proper injections may be of the greatest utility. But this complaint is usually joined with a debilitated or relaxed constitution, and when this is the case, our principal object is to restore the health of the patient,



tient, for it is certain that the disease of the habit of body causes the gleet, and that it does not cause the injury to the constitution. Sea-bathing and sea-air will, in many cases, be found to be the greatest restorative, and as they are known to be peculiarly beneficial in the fluor albus, we may regard them as a most useful assistant in the cure of this species of gleet.

The treatment of the other species of gleet, will turn principally on the cure of the local disease which is found to accompany it, whether it be of the urethra or prostate gland. It is unnecessary to bring any arguments to prove, that a disease of the prostate gland, or of the urethra, will cause a gleet, it being a fact known and established by the practical observations of many eminent practitioners. If an obstruction of any kind is found to be situated in the urethra, a cure of it is to be first performed by the skilful use of bougies ; and in general the gleet will gradually decrease, as the obstructed part is brought nearer to a healthful state, and when it is cured the gleet will usually disappear, and therefore the use of injections or internal remedies

medies is seldom necessary, nor should they ever be used till the bougies have performed their office.

The gleet which is caused by a scirrous enlargement of the prostate gland, is a most troublesome and obstinate disease, and when free from a venereal taint is often incurable. In two cases of this kind, the gleet has at times been of a dusky red colour, leaving a stain on the linen, nearly resembling that caused by the urine of a person who voids red gravel. The prostate gland may be examined by the finger in ano, in this manner it may be distinctly felt even in its natural state, and if enlarged its condition with respect to size and hardness be judged of. In two cases of this sort, the pain and difficulty of voiding the urine were relieved by the introduction of a catheter or a large bougie, which was done twice a week. But no method of cure is at present known for a scirrhous prostate gland, which being the case, the principal object must be to establish the general health of the patient, for the fact seems to be, that this disease is in most instances



stances a symptom of a decaying constitution.

This complaint is often accompanied with a suppression of urine, and the gland is sometimes irregularly enlarged, so as to render the urethra twisted towards one side or upwards. In one case where the parts were thus diseased, a catheter was introduced for a suppression of urine, and being urged straight forwards, made an orifice through the gland and the bladder, which was seen by dissection. Therefore in introducing the catheter when this disease exists, we ought to be aware that this circumstance may happen, and therefore endeavour to find the course of the urethra by turning the instrument in a variety of directions.

Another disease which happens after, and sometimes at the time of a Gonorrhœa, is one or more small roundish tumors, which may be felt externally on the urethra. I have seen three cases of this kind, two of which have been cured by a mercurial course; but the other has been totally neglected, and the patient has taken no mercurial medicine since; as it is now two years ago, the tumor

is gone, and no other venereal symptom has appeared, it seems probable that it is the effect of inflammation, and that therefore there is no necessity for the use of mercury for its cure. In one of these cases, the shape and situation of the tumor seem to prove it to be one of the lacunæ of the urethra.

Inflammation and tumefaction of the penis are the last symptom to be treated of. This complaint is not a very uncommon one in the Gonorrhœa: at its first appearance it requires the same treatment as an inflammation of any other part of the body. When the inflamed and swollen parts are reduced to their natural size, there does commonly remain one or more long and hard swellings on the penis, which, though of no present inconvenience to the patient, become the object of the Surgeon's attention, as it is not certain whether they are the peculiar effects of inflammation of this part, or are a venereal affection. It has been suggested, that these tumors are the mere effect of inflammation of the prepuce, and therefore that they are probably not venereal. But the contrary seems to be the truth, because they



do not happen after circumcision on children, nor has it happened in those operations for the cure of the phymosis, which I have seen performed on adults, though they were all accompanied with an inflammation of the prepuce.

It has been remarked by many of the profession, that the method of curing the venereal Gonorrhœa, and the diseases caused by it, is, in hospitals, by a mercurial course of medicines, and often by a salivation, but that in private practice other and more easy modes of cure are frequently used.

Having collected the foregoing observations, I have ventured to lay them before the public, as I hope they will tend to the establishing true ideas of the several diseases treated of, and rational indications of cure. With respect to that part of the public (who are not of the profession) who peruse these pages, I have endeavoured to prove to them, that the cure of these diseases requires to be directed by a true knowledge of their situation, and effects on the diseased parts, and of the action of medicines on such parts.

If

If I have contributed my mite to the improvement of the healing art, I shall be convinced that I have been discharging a duty incumbent on me ; and at a future opportunity purpose to finish the subject, by treating on all the other symptoms of the venereal disease.

F I N I S.



# ERRATA.

For *inflammation* read *inflammation*.

For *inflammatory* read *inflammatory*.

Page 9. line 8. for *or* read *on*.

Page 42. line 2. for *recourse* read *resource*.